MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04524

CERTIFICATE OF DEATH

Reg. Dist. No. 26-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mc Cready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 709 Main Street

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Faye (Last) Bozman

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby

8. DATE OF BIRTH: April 17 1952

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 7 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Crisfield Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Rudolph Bozman

14. MOTHER'S MAIDEN NAME: Flora Marie Somers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John R. Bozman Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity DUE TO — 7 days

7766

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 17, 19.52, to Apr. 24, 19.52, that I last saw the deceased alive on Apr. 23, 19.52, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (DEGREE OR TITLE) M.D. ADDRESS Crisfield Md DATE SIGNED April 24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF April 26, 1952 — NAME OF CEMETERY OR CREMATORY Somerridge Cem. — LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REG. 4/25/52 — REGISTRAR'S SIGNATURE Betty W. Tyler — **24. FUNERAL DIRECTOR** Howard D. Covington — ADDRESS Crisfield Md.

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4/ 28 1952
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH

04525

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 44 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) VIRGINIA (Last) BYRD
4. DATE OF DEATH (Month) (Day) (Year): Apr. 6, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	widowed	Sept. 22, 1878	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Reidville, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Herbert
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. ----------
17. INFORMANT AND ADDRESS: Mrs. Elton Massey--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia Acute Dil. of Heart — 4 days

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ---

(c) Chronic Myocarditis Chronic Int. Nephritis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Apr. 3-1952
19b. MAJOR FINDINGS OF OPERATION: Strangulated Hernia. Post. Operative
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 3, 1952, to Apr. 6, 1952, that I last saw the deceased alive on Apr. 6, 1952, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Guy C. Cullum M.D. | ADDRESS: Marion - Md. | DATE SIGNED: 4-9-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Apr. 9, 1952	Sunnyridge Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 9, 1952	Betty Massey	H. Nauney Bradshaw	Crisfield Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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APR 16 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04526

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Willis (Last) Byrd.

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Mar 25 1897

9. AGE Last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Edward Byrd

14. MOTHER'S MAIDEN NAME: Katherine Williams.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-16-1390

17. INFORMANT & ADDRESS: Sarah Byrd Marion Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis. — INTERVAL BETWEEN ONSET AND DEATH: 2 years

0027

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to Apr. 1952, that I last saw the deceased alive on Aug. 18 1952, and that death occurred at 9.25 A. m., from the causes and on the date stated above.

SIGNATURE C J Rowley — (DEGREE OR TITLE) M.D — ADDRESS Crisfield Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF May 1 1952 — NAME OF CEMETERY OR CREMATORY Branch — LOCATION (City, town, or county) (State) Marion Somerset Co Md

DATE REC'D BY LOCAL REG. April 30 1952 — REGISTRAR'S SIGNATURE Betty J. Maxey

24. FUNERAL DIRECTOR Charles H. Ward — ADDRESS Marion Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

PLEASE

RECEIVED
MAY 8 1952
BUREAU V. S.

04527

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield
LENGTH OF STAY (in this place) 81 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Byrd Town

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield
STREET ADDRESS (If rural, give location) Byrd town

3. NAME OF DECEASED: (Type or Print) (First) Sallie (Middle) Sterling (Last) Byrd

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 24, 1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 1 Days 9 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Algie S. Sterling

14. MOTHER'S MAIDEN NAME: Julia Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Harry Clifton Byrd, College Park, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease
DUE TO
5928
Antecedent cause(s) (b) Chronic Quiet Nephritis Chronic Myocarditis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Arteriosclerosis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐, Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at intervals Jan 1, 1952, to April 21, 1952, that I last saw the deceased alive on April 1, 1952, and that death occurred at 1.30 P m., from the causes and on the date stated above.

SIGNATURE Ruby C. Coulbourn M.D. (DEGREE OR TITLE) ADDRESS Marion Sta Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF April 25, 1952

NAME OF CEMETERY OR CREMATORY Asbury Cemetery

LOCATION (City, town, or county) Crisfield, Maryland (State)

DATE REC'D BY LOCAL REG. 4/25/52

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Durward S. Covington ADDRESS Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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APR 28 1952
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04528

CERTIFICATE OF DEATH

Reg. Dist. No. 26-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Lawsonia

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
James	Edward	Cook, Jr.	April	29	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Divorced	June 16, 1904	47 yrs.	10	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Tate Driver	Tate Business	Maryland	U-S-A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Edward Cook, Sr.	Laura Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No. No.	None	Eugenia H. Cook.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Coronary thrombosis — DUE TO — Found dead in bed — Interval between onset and death: unknown

420.1

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) OF INJURY	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 25 19 52 to Apr 29 19 52, that I last saw the deceased alive on Apr 27, 19 52, and that death occurred at 4: m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Sarah M. Peyton	M. D.	Crisfield	4/30/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April May 1952	Sunnyridge	Crisfield Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
5-1-52	Betty W. Tyler	Edward L. Covington	Crisfield, Md.

RECEIVED
MAY 2 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8-51

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monie
LENGTH OF STAY (in this place): 82 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monie
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Kathryn (Middle) E. (Last) Davies

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Jan. 29, 1870

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Bozman

14. MOTHER'S MAIDEN NAME: Mary E. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Mr Thomas W. Davies Monie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) myocardial infarction	3 da.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary occlusion	3 da.
	DUE TO (c) Arteriosclerotic heart disease	years

4290

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. auricular fibrillation

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/31, 1950, to 4/19, 1952, that I last saw the deceased alive on 4/19, 1952 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Robert Calcott, M.D. Princess Anne, Md 4/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4-22-1952
NAME OF CEMETERY OR CREMATORY: Oriole Cemetery
LOCATION (City, town, or county) (State): Oriole, Maryland

DATE REC'D BY LOCAL REG.: 4/22/52
REGISTRAR'S SIGNATURE: K.E. Johnson, M.D.
24. FUNERAL DIRECTOR: Levin R. Wilson
ADDRESS: Princess Anne, Maryland

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APR 24 1952
BUREAU V. S.

Item 8 Film G142 5/5/52 whw

04530

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion

LENGTH OF STAY (in this place) 3 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ADDIE EDDA FOSSETT

4. DATE OF DEATH: (Month) (Day) (Year) April 10 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/25/1900

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sink

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): A.A. co.?? Annemaniel

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Herrin

14. MOTHER'S MAIDEN NAME: Margarett Herrin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Pete Fossett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH about 2 yrs.

163X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to April 10, 1952, that I last saw the deceased alive on April 8, 1952, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE George C. Cullman? (DEGREE OR TITLE) ADDRESS Marion-Md DATE SIGNED 4-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF April 12, 1952

NAME OF CEMETERY OR CREMATORY Mount Perrie

LOCATION (City, town, or county) Marion, (State) Maryland

DATE REC'D BY LOCAL REG. April 12, 1952

REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR George W. Tilghman, ADDRESS Marion, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 815

RECEIVED
APR 23 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KINGSTON, MD; STATE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE KINGSTON; COUNTY SOMERSET; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) KINGSTON

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) (Last) GRANT

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12-23-92

9. AGE last birthday: 59 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: GENERAL LABOR

11. BIRTHPLACE (State or foreign country): CRISFIELD, MD.

12. CITIZEN OF WHAT COUNTRY? MD.

13. FATHER'S NAME: EDWARD SMITH

14. MOTHER'S MAIDEN NAME: SARAH BECKETT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Minnie Grant - Kingston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (massive)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Ost. Nephritis - Tubercular

(c) Myocarditis

INTERVAL BETWEEN ONSET AND DEATH: (a) 36 hrs.; (b) yrs.; (c) yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1951, to Apr. 13, 1952, that I last saw the deceased alive on Apr. 13, 1952, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Coulbourn M.D. ADDRESS Marion, Md DATE SIGNED 4-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: April 16 1952; NAME OF CEMETERY OR CREMATORY: Kingston Cemetery; LOCATION (City, town, or county) (State): Kingston, Md.

DATE REC'D BY LOCAL REG. 4/16/52

REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: George W. Tilghman, ADDRESS: Marion, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
APR 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Daisey (Middle) Hudson (Last)
4. DATE OF DEATH: (Month) Apr (Day) 12 (Year) 1952
5. SEX: Fem
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 16-1906
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Baltimore Co Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: on known
14. MOTHER'S MAIDEN NAME: Ella Wolfard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Augusta White Deal Island Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Chronic Myocarditis	6 weeks
241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic Bronchial Asthma	2 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18 1952, to Ap 12, 1952, that I last saw the deceased alive on Ap 11, 1952, and that death occurred at 6:10A m., from the causes and on the date stated above.

SIGNATURE Eldon G. Marksman (DEGREE OR TITLE) ADDRESS Princess Anne, Md DATE SIGNED 4.14.52

23. BURIAL, CREMATION REMOVAL (Specify): Bur
DATE THEREOF Apr 16-52
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Deal Island Somerset Co Md
DATE REC'D BY LOCAL REG. 4/15/52
REGISTRAR'S SIGNATURE R.H. Johnson M.D.
24. FUNERAL DIRECTOR Charles H. Ward Marian Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AD 8-51

RECEIVED
APR 18 1952
BUREAU V. S.

33

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne; LENGTH OF STAY (in this place) 22 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural R. #3 Princess Anne

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne; STREET ADDRESS (If rural, give location) Rural R. #3 Princess Anne

3. NAME OF DECEASED (Type or Print): (First) William; (Middle) Wesley; (Last) Martin

4. DATE OF DEATH: (Month) 4; (Day) 26; (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: 7/29/1868

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Martinsville W. V.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Martin

14. MOTHER'S MAIDEN NAME: Betty Driggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Clarence Bolds Rural R. #3 Princess Anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Large Intestine — Interval between onset and death 4/13/52 to 4/26/52

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Insufficiency — 6 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27, 1946 to 4/26, 1952, that I last saw the deceased alive on 4/26, 1952, and that death occurred at 7:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. M. Wheatley M.D. ADDRESS Princess Anne, Md. DATE SIGNED 4/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 4/29/52; NAME OF CEMETERY OR CREMATORY St Andrews Cemetery; LOCATION (City, town, or county) (State) Princess Anne Md.

DATE REC'D BY LOCAL REG. 4/29/52; REGISTRAR'S SIGNATURE K. S. Johnson, M.D.; 24. FUNERAL DIRECTOR ADDRESS James L. Kerman Princess Anne

RECEIVED
MAY 14 1952
BUREAU V. S.

34

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Vernon

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne
STREET ADDRESS (If rural, give location) Mt Vernon

3. NAME OF DECEASED (Type or Print) (First) Annabelle (Middle) (Last) Ross

4. DATE OF DEATH (Month) 4 (Day) 25 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 2/2/1868
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Williams
14. MOTHER'S MAIDEN NAME Mary Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Harry McIntyre Rural Princess Anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hyperlusion — Nahm

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1952, to 4/24, 1952, that I last saw the deceased alive on 4/24, 1952, and that death occurred at 2:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. B. McIntyre ADDRESS Princess Anne Md DATE SIGNED 4/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/27/52
NAME OF CEMETERY OR CREMATORY John Wesley Cemetery
LOCATION (City, town, or county) Mt Vernon (State) Md.

DATE REC'D BY LOCAL REG. 4/26/52
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd
24. FUNERAL DIRECTOR James G. Henman ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Book

RECEIVED
APR 30 1952
BUREAU U. S.

Item 18 Film G142 5-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04535

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Lawsonia

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) John William Sterling
4. DATE OF DEATH: (Month) (Day) (Year) April 15 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 15, 1873
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 6 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Crisfield, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Robert Sterling
14. MOTHER'S MAIDEN NAME: Mary Jane Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 220-09-1596
17. INFORMANT & ADDRESS: Alice Bell Sterling, Crisfield Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerosis - cerebral - 2 yr.
DUE TO (c) II Broken hip - about 5 years ago.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 8, 1952 to Apr. 15, 1952 that I last saw the deceased alive on Apr. 15, 1952 and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Sarah W. Peyton M.D. Crisfield. Md Apr 16 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 18, 1952
NAME OF CEMETERY OR CREMATORY Asbury Cem.
LOCATION (City, town, or county) (State) Crisfield, Md
DATE REC'D BY LOCAL REG. 4/17/52
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward I. Covington, Crisfield, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A10 8-51

RECEIVED
APR 23 1962
BUREAU OF

Item 9 Film 6124 5/7/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04536

CERTIFICATE OF DEATH

Reg. Dist. No. 760

1. PLACE OF DEATH:
COUNTY Somerset County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole, md
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Nelia (Middle) (Last) Wise

4. DATE OF DEATH: (Month) 4th (Day) 25th (Year) 1952

5. SEX: Femal

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12-29-1907

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Somerset Co. Oriole, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Johnson

14. MOTHER'S MAIDEN NAME: Julia Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elwood Wise. Oriole md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary insufficiency DUE TO	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary arteriosclerotic heart disease DUE TO	unknown
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1952 to 4-25, 1952 that I last saw the deceased alive on 4-25, 1952 and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Robert Caldwell M.D. Princess Anne 4/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-28-52

NAME OF CEMETERY OR CREMATORY St. James

LOCATION (City, town, or county) (State) Oriole Md Somerset County

DATE REC'D BY LOCAL REG. 4/28/52

REGISTRAR'S SIGNATURE K. E. Johnson M.D.

24. FUNERAL DIRECTOR ADDRESS William H. James Jr. Princess Anne, Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 1 1952
BUREAU V. S.